

STATE OF NEW HAMPSHIRE

2008 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s)				
II. Name of lobbyist's partn	ership, firm or corporat	ion, if any:		
(Name of par	tnership, firm or corporation)		
Business Address: (Street)	(Town	/City)	(State)	(Zip Code)
()(Telephone)	()	(Fax)	e-mail	
III. This statement covers: (reportable expense transact				ny file a separate report for
☐ All reportable transactions	s occurring in the month p	rior to the reporting	date relative to the	following client:
(Full N	Name of Client as it appears	on the Lobbyist Regist	ration Form)	
<u>OR</u>				
☐ All reportable transactions unrelated to any particular clie		g the lobbyist's fami	ly), or the lobbying	firm listed below which are
IV. Date of Report July 11	☐ August 8 ☐ Septe (Reports cover all activ			er 14 \square December 12 \square
V. There have been no fee If this box is checked, complet Concord, NH 03301.	-			_
VI. Check if additional repo	rts are attached:			
☐ If you have received fees		u must file Addend	um A– Fees and Ex	rpenses
☐ If you have paid an honor Expense Reimbursement	•	·	•	
☐ If you, your firm, or your	family has made political	contributions, you	must file Addendu	m C– Political Contributions
Sworn Statement/Affirmatio I have read RSA 15, RSA 15- to the best of my knowledge a	B and RSA 664 and hereb	y swear or affirm th	nat the foregoing in	formation is true and complete
(Signature of lobbyist)			(Dat	e)
(Print Name of lobbyist)				
State of New Hampshire County of				
Signed and sworn to (or affire	ned) hefore me on	by		

(Signature of notarial officer)
My commission expires:

seal